



**Joseph Solinger II, DDS - General Dentist**  
Affordable Dentures & Implants - Orangeburg III, P.C.  
1532 St. Matthews Road, Orangeburg SC 29118  
(803) 534-4350

## Financial Policies & Agreement

We are so glad you chose Affordable Dentures and Implants for your needs. Part of our commitment to our patients is communicating your financial responsibilities.

An Xray will be taken to evaluate your dental needs at no cost to you.

Same day treatment is not typically available, and you will be asked to return at the next available appointment.

There are no refunds available on extractions or repair services, only dentures made at Affordable Dentures, Orangeburg are eligible for repair. Refunds may be charged a 15% processing fee.

You are responsible for picking up dentures/partials within 10 days of completion. Dentures/partials may not fit outside of that time frame and may incur additional lab cost.

New denture wearer packages must be completed within 18 months from the initial date of service. Additional charges apply post 18 months.

We request 24 hours notice to cancel or reschedule your appointment. We understand emergencies happen, but in the event you fail your appointment more than once, a \$30 charge may be applied as a no show fee. After 3 failed appointments you will be dismissed from the practice.

### INSURANCE INFORMATION

We participate with limited insurance plans, and will file those forms with the understanding that you, the Patient, assign your right to benefits (payment) to us in full. We require that all patients pay their estimated out of pocket portion before services are rendered. Please remember, that your treatment plan is an estimated amount. In the event that insurance doesn't pay what is estimated, it is the patient's responsibility to pay for services provided. Regardless of insurance filing, knowledge of policy, benefits & payment is the responsibility of the patient.

The office may assess a returned check of \$25 due to a returned check.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If legally authorized representative, list relationship to patient: \_\_\_\_\_